

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

9

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	Amy				
	NICKNAME	LAST	SUFFIX	Date Received	
	Manual		9644964		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
			Denton	TX	76209
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	()				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	
	Renee		F	Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed	
	Sims		3676345	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	2636 John Drive			Denton	TX 76207
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	()				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year		Month Day Year		
	10 / 28 / 2018		12 / 31 / 2018		
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			County Clerk		

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$525.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$189.61
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3

2 FILER NAME
Amy Manual

3 Filer ID (Ethics Commission Filers)

4 Date
11/06/2018

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Anne Lydahl

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
[REDACTED] Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)
Insurance

9 Employer (See Instructions)
Marsh Wortham

Date
11/03/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Beverly Tookey

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
[REDACTED] Corinth TX 76210

Principal occupation / Job title (See Instructions)
Manager

Employer (See Instructions)
Dell

Date
11/02/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Ann Distefano

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
[REDACTED] Houston TX 77018

Principal occupation / Job title (See Instructions)
Project Manager

Employer (See Instructions)
Hess Corp

Date
11/01/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Timothy Barnwell

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
[REDACTED] Providence TX 76227

Principal occupation / Job title (See Instructions)
Retail

Employer (See Instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3

2 FILER NAME
Amy Manual

3 Filer ID (Ethics Commission Filers)

4 Date
11/01/2018

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Jennifer Touchett

7 Amount of contribution (\$) **\$25.00**

6 Contributor address; City; State; Zip Code
[REDACTED] Beaumont TX 77706

8 Principal occupation / Job title (See Instructions)
Teacher

9 Employer (See Instructions)
Beaumont ISD

Date
11/01/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Susan Yelliott

Amount of contribution (\$) **\$25.00**

Contributor address; City; State; Zip Code
[REDACTED] Hallsville TX 75650

Principal occupation / Job title (See Instructions)
Instructor

Employer (See Instructions)
Killgore College

Date
11/01/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Kim Schwarzlose

Amount of contribution (\$) **\$25.00**

Contributor address; City; State; Zip Code
[REDACTED] Beaumont TX 77706

Principal occupation / Job title (See Instructions)
Dance Teacher

Employer (See Instructions)
Self

Date
11/01/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Judy Clay

Amount of contribution (\$) **\$25.00**

Contributor address; City; State; Zip Code
[REDACTED] Carrollton TX 75007

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
none

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3**2** FILER NAME
Amy Manual**3** Filer ID (Ethics Commission Filers)**4** Date
11/01/2018**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Lee Ann Miller**7** Amount of contribution (\$)
\$25.00**6** Contributor address; City; State; Zip Code
[REDACTED] Willow Park TX 76087**8** Principal occupation / Job title (See Instructions)
Sales**9** Employer (See Instructions)
DSS ResearchDate
11/01/2018Full name of contributor ☐ out-of-state PAC (ID#: _____)
Russell CampbellAmount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
[REDACTED] Frisco TX 75035Principal occupation / Job title (See Instructions)
ManagerEmployer (See Instructions)
AT&TDate
11/01/2018Full name of contributor ☐ out-of-state PAC (ID#: _____)
Hector LomelinAmount of contribution (\$)
\$25.00Contributor address; City; State; Zip Code
[REDACTED] Denton TX 76210Principal occupation / Job title (See Instructions)
MonitorEmployer (See Instructions)
Texas HHSCDate
11/02/2018Full name of contributor ☐ out-of-state PAC (ID#: _____)
Paul MeltzerAmount of contribution (\$)
\$200.00Contributor address; City; State; Zip Code
[REDACTED] Denton TX 76201Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
None**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Amy Manual	3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2018	5 Payee name Adobe Systems Inc	
6 Amount (\$) \$16.23	7 Payee address; City; State; Zip Code 345 Park Ave San Jose CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 12/20/2018	Payee name Adobe Systems Inc	
Amount (\$) \$16.23	Payee address; City; State; Zip Code 345 Park Ave San Jose CA 95110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 11/07/2018	Payee name Party City	
Amount (\$) \$70.27	Payee address; City; State; Zip Code 735 Hebron Pkwy Lewisville TX 75057	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Amy Manual	3 Filer ID (Ethics Commission Filers)
4 Date 11/23/2018	5 Payee name Mail Chimp	
6 Amount (\$) \$86.88	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave Atlanta GA 30308 NE, Suite 5000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

Amy Manual

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

53A-4CF2-B13F-12B
01/11/19 - 03:38:30

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

- ☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

53A-4CF2-B13F-12B
01/11/19 - 03:38:30

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder